
• CAYUGA COMMUNITY COLLEGE •

Financial Aid Office • 197 Franklin Street, Auburn, NY 13021
Auburn 315-255-1743 ext. 2470 • Fulton 315-592-4143 ext. 3004 • FAX 315-252-2185

Child Care Expense Documentation

Name _____ Social Security # _____

Banner ID Number C _____

I am requesting that my Financial Aid Cost of Attendance at Cayuga Community College be increased due to the following child care expenses:

Number of children for whom care must be provided _____

Ages of children _____

Average number of hours per week that care must be provided _____

Number of weeks that care must be provided (15 weeks per semester) _____

(30 weeks per year) _____

Total amount paid for child care for the above period \$ _____

Name of child care provider _____

Signature of child care provider _____

Signature of Student _____ Date _____

Please return this form to the Financial Aid Office at Cayuga Community College